



MONTANA DRUG CONTROL UPDATE

This report reflects significant trends, data, and major issues relating to drugs in the State of Montana.

Montana At-a-Glance:

- In 2007-2008, Montana was one of the top ten states for rates in several drug-use categories, including: past-month illicit drug use among persons age 12 or older; past-month illicit drug use among young adults age 18-25; past-month marijuana use among persons age 12 or older; and past-month marijuana use among young adults age 18-25.
Source: National Survey on Drug Use and Health (NSDUH), 2007-2008.
- Approximately 10 percent of Montana residents reported past-month illicit drug use; the national average was 8 percent.
- The drug-induced death rate in Montana is higher than the national average.
- Marijuana is the most commonly cited drug among primary drug treatment admissions in Montana.

Drug Use Trends in Montana

Drug Use in Montana: The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs), and mental health in the United States. In the most recent survey, 10.02 percent of Montana residents reported using illicit drugs in the past month. The national average was 8.02 percent. Montana's rate was one of the 10 highest among the states. Additionally, 3.89 percent of Montana residents reported using an illicit drug other than marijuana in the past month (the national average was 3.58 percent).

Source: Substance Abuse and Mental Health Services Administration - State Estimates of Substance Use from the 2007-2008 National Survey on Drug Use and Health: <http://oas.samhsa.gov/2k8state/Cover.pdf>

Drug-Induced Deaths: As a direct consequence of drug use, 132 persons died in Montana in 2007. This is compared to the number of persons in Montana who died from motor vehicle accidents (268) and firearms (139) in the same year. Montana drug-induced deaths (13.8 per 100,000 population) exceeded the national rate (12.7 per 100,000).

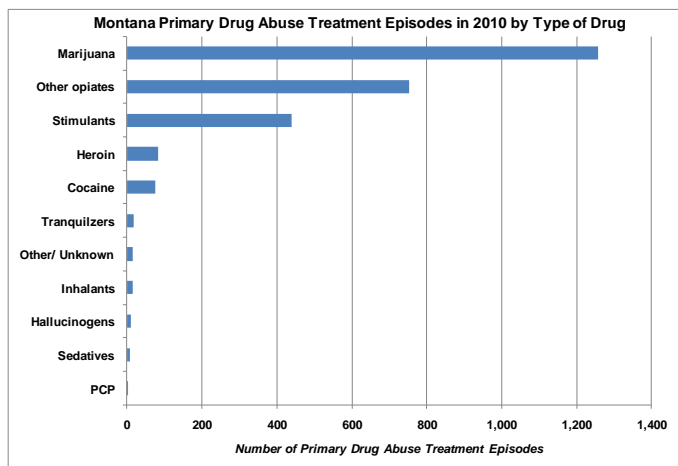
Source: Centers for Disease Control and Prevention - National Vital Statistics Reports Volume 58, Number 19 for 2007: http://www.cdc.gov/nchs/data/nvss/nvssr58/nvssr58_19.pdf

Substance Abuse Treatment Admissions Data

Montana Primary Treatment Admissions:

The graph at right depicts substance abuse primary treatment admissions in Montana in 2010. The data show that marijuana, followed by opiates (including prescriptions drugs), is the most commonly cited drug among primary drug treatment admissions in the state.

Source: Treatment Episode Data Set, Substance Abuse and Mental Health Services Administration: <http://oas.samhsa.gov/dasis.htm>



Prescription Drug Abuse

ONDCP's Efforts to Combat Prescription Drug Abuse

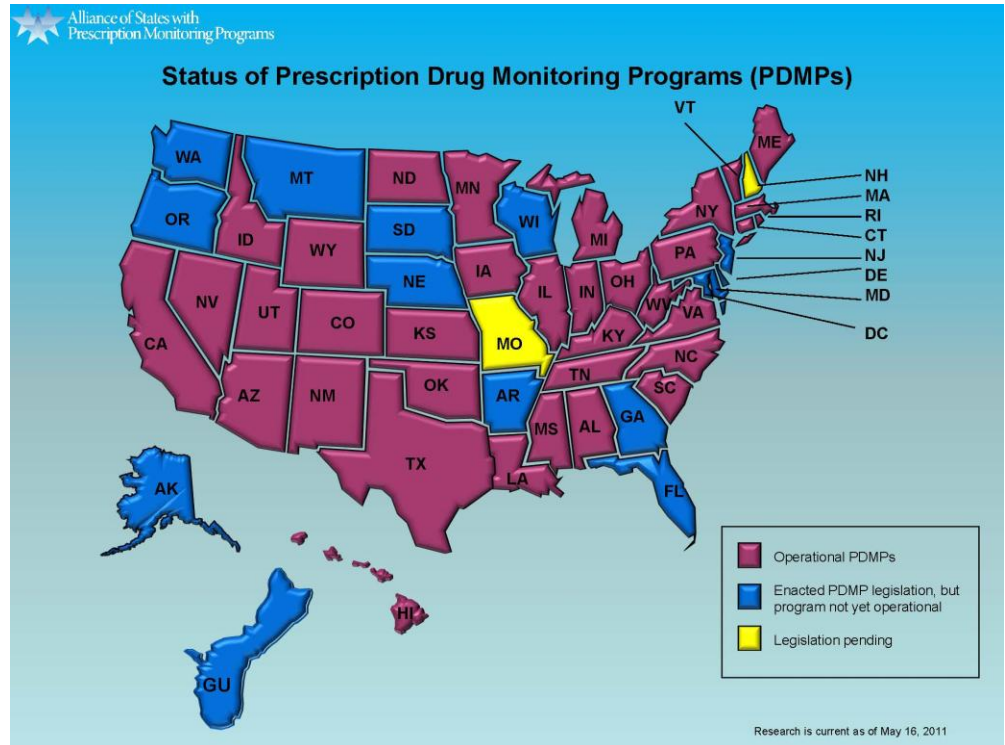
Prescription drug abuse is the fastest-growing drug problem in the Nation. The

Administration's Prescription Drug Abuse Prevention Plan, entitled, "**Epidemic:**

Responding to America's Prescription Drug Abuse Crisis," provides a national

framework for reducing prescription drug diversion and abuse by supporting the expansion of state-based prescription drug monitoring programs; recommending secure, more convenient, and environmentally responsible disposal methods to remove expired, unused, or unneeded

medications from the home; supporting education for patients and healthcare providers; and reducing the prevalence of pill mills and doctor shopping through enforcement efforts.



State-Level Action: Prescription Drug Monitoring Programs (PDMPs)

PDMPs track controlled substances prescribed by authorized practitioners and dispensed by pharmacies. PDMPs serve a number of functions, including assisting in patient care, providing early warning signs of drug epidemics, and detecting drug diversion and insurance fraud. Thirty-five states have operational PDMP programs established by state legislation and funded by a combination of state and Federal funds. An additional 13 states have a prescription drug monitoring program authorized, but not yet operational. Adequate resourcing, increasing the number of states with operational PDMPs, and development of state-to-state information-sharing systems would significantly help reduce prescription drug diversion and abuse.

On April 21, Governor Brian Schweitzer signed **SB 83**, authorizing the establishment of a Prescription Drug Monitoring Program to monitor the prescribing and dispensing of Schedule II-V controlled substances, Montana's PDMP will be overseen by the Montana Department of Labor and industry.

State-Level Action: Drug Take-Back Programs

A comprehensive plan to address prescription drug abuse must include proper disposal of unused, unneeded, or expired medications. Providing individuals with a secure and convenient way to dispose of controlled substances will help prevent diversion and abuse of these substances and demonstrate sound environmental stewardship. Federal rulemaking is underway and will further enhance the viability and scope of state and community take-back programs. In the meantime, states are encouraged to work with the DEA to conduct additional take-back events and educate the public about safe and effective drug return and disposal.

The Drug Free Communities (DFC) Program

Recognizing that local problems require local solutions, Drug Free Communities (DFC) organizations mobilize communities to prevent youth drug use by creating local data-driven strategies to reduce drug use in the community. ONDCP works to foster the growth of new coalitions and support existing coalitions through the DFC grants. In FY 2011, the following Montana coalitions received grants from ONDCP:

- Butte Cares, Inc.
- Phillips County Coalition for Healthy Choices
- Ravalli County Prevention Coalition
- Richland County Partnership for Promise
- Roots of Promise: Alliance for Children and Families
- Teens Against Drugs and Alcohol (TADA) (Superior)
- Youth Connections (Helena)
- Sheridan County Youth Action Council/Community Incentive Program

Source: Office of National Drug Control Policy
http://www.ondcp.gov/dfc/grantee_map.html

ONDCP High Intensity Drug Trafficking Area (HIDTA) County Info

The High Intensity Drug Trafficking Areas (HIDTA) program enhances and coordinates drug control efforts among local, state, and Federal law enforcement agencies. In designated HIDTA counties, the program provides agencies with coordination, equipment, technology, and additional resources to combat drug trafficking and its harmful consequences in critical regions of the United States.

Montana (Rocky Mountain HIDTA): Cascade, Flathead, Lewis and Clark, Missoula, and Yellowstone counties.

The Rocky Mountain HIDTA operates out of Denver, Colorado, and encompasses 34 counties in four states: Montana, Colorado, Utah, and Wyoming. The HIDTA provides funding, an information sharing system, training, and coordination for an increased emphasis on criminal interdiction by the Montana State Patrol, and investigative follow-up by allied agencies in an “all crimes” approach. The HIDTA region’s extensive interstate highways link major drug sources in Mexico and Canada to major US domestic drug markets. Mexican drug trafficking organizations (DTOs) are the principal suppliers of wholesale quantities of methamphetamine, marijuana, cocaine, and black tar heroin, while West Coast Asian DTOs supply high-potency marijuana and MDMA from Canada. The distribution and abuse of Mexican methamphetamine pose the greatest drug threat to the region. Mexican ice methamphetamine trafficking and abuse are increasing, while domestic methamphetamine production is declining.

- The Rocky Mountain HIDTA is currently developing a much-needed commercial vehicle criminal interdiction training course for the Montana State Patrol.
- The HIDTA is also working with the International Association of Law Enforcement Intelligence Analysts (IALEIA) to create a Rocky Mountain Chapter to enhance intelligence analyst skills, knowledge, and exchange of information.

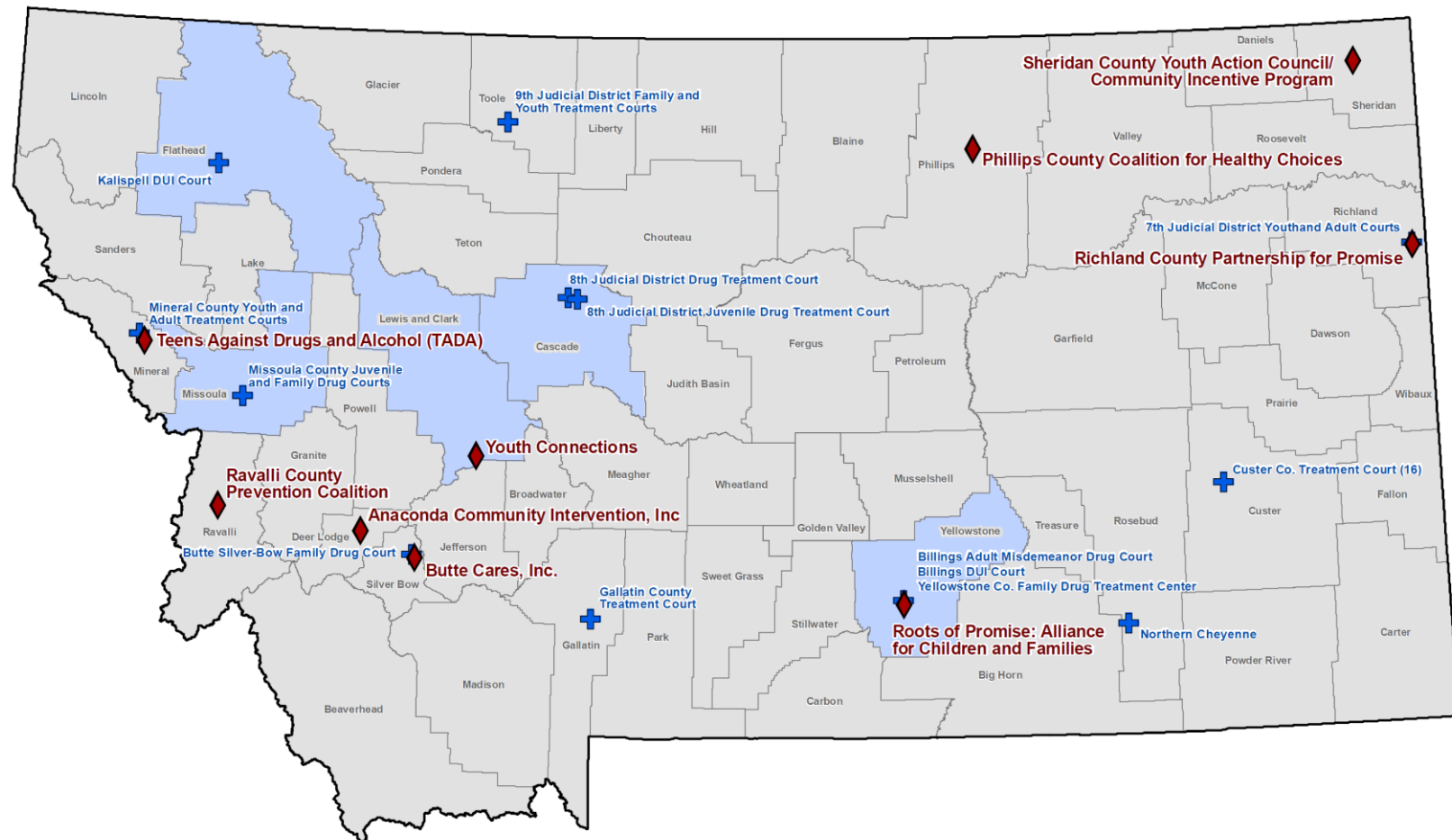
Federal Grant Awards Available to Reduce Drug Use in the State of Montana





The Federal Government awards competitive grants to help states in their efforts to reduce drug use and its harmful consequences. In FY 2010, direct support was provided to state and local governments, schools, and law enforcement organizations in your state for this purpose. Some Federal grant programs are dedicated to reducing drug use and its harmful consequences, while others can be used for reducing drug use or for other purposes. In FY 2010, your state received support under the grant programs shown below.

Federal Grant Awards		2010
Department of Education		
Safe and Drug-Free Schools and Communities_National Programs		2,573,344
Alcohol Abuse Reduction Grants		269,119
Building State And Local Leadership Capacity for Preventing Youth Substance Use and Violence		122,345
Safe Schools/Healthy Students Grants		2,181,880
Department of Health and Human Services		
Administration for Children and Families		2,465,497
Enhance the Safety of Children Affected by Parental Methamphetamine or Other Substance Abuse		1,000,000
Promoting Safe and Stable Families		1,465,497
Immediate Office of the Secretary of Health and Human Services		300,000
Family and Community Violence Prevention Program		300,000
Indian Health Service		982,315
Urban Indian Health Services		982,315
National Institutes of Health		71,250
Drug Abuse and Addiction Research Programs		71,250
Substance Abuse and Mental Health Services Administration		13,952,237
Block Grants for Prevention and Treatment of Substance Abuse		6,744,716
Projects for Assistance in Transition from Homelessness (PATH)		300,000
Substance Abuse and Mental Health Services_Projects of Regional and National Significance		4,540,680
Substance Abuse and Mental Health Services-Access to Recovery		2,366,841
Department of Housing and Urban Development		
Assistant Secretary for Community Planning and Development		343,740
Shelter Plus Care		343,740
Department of Justice		
Office of Justice Programs		5,952,141
Community Capacity Development Office		157,000
Congressionally Recommended Awards		1,085,000
Criminal and Juvenile Justice and Mental Health Collaboration Program		152,500
Drug Court Discretionary Grant Program		1,006,916
Edward Byrne Memorial Justice Assistance Grant Program		2,226,334
Enforcing Underage Drinking Laws Program		356,400
Harold Rogers Prescription Drug Monitoring Program		49,904
Juvenile Accountability Block Grants		330,200
Juvenile Mentoring Program		238,593
Recovery Act - Edward Byrne Memorial Justice Assistance Grant (JAG) Program		13,042
Residential Substance Abuse Treatment for State Prisoners		171,068
Second Chance Act Prisoner Reentry Initiative		165,184
Executive Office of the President		
Office of National Drug Control Policy		763,087
High Intensity Drug Trafficking Area Program		763,087
Substance Abuse and Mental Health Services Administration		929,226
Drug-Free Communities Support Program Grants		929,226
Grand Total		28,332,837

Note: Report as of 11/30/2010. FY 2009 includes additional grant awards under the Recovery Act. The Federal, State and Local Shares of Medicaid and the Federal Medicare Programs are not included above. File updated 06/07/2011.

Office of National Drug Control Policy Programs in Montana and Drug Court Locations



-  Drug Free Communities program grantees
-  Drug Court locations
-  Rocky Mountain HIDTA counties
-  County Boundaries



Source: ONDCP and National Drug Court Institute, September 2011